Commonwealth of Massachusetts
Department of Public Health, Bureau of Health Professions Licensure
Drug Control Program
250 Washington Street, 3rd floor, Boston, MA 02108
Telephone 617-973-0949 Fax 617-753-8233

Amended Information Application for Massachusetts Controlled Substances Registration for Veterinarian

Please be sure to:

- Complete the application form.
- No fee is charged when submitting this *Amended Information Application* form.
- Enclose a photocopy of your current Board of Registration license (wallet-size).
- Sign and date the form.
- Mail to the address above.

Incomplete applications will be returned and will cause a delay in receiving your MCSR. Where photocopied licenses are to be submitted along with your application, do not send originals. They will not be returned. For further information, visit: http://www.mass.gov/dph/dcp.

Please fill out this form in its entirety. Place a check in the box to the left of any information that is being amended.

Amended	In the boxes below enter the requested information.
❑	1) Degree: (Select one) O DVM O VMD
❑	2) Massachusetts Board of Registration License No.:
❑	3) DEA Controlled Substance Registration No. (If possessed):
❑	4) Name: First: Middle: Last: Suffix: (e.g. Jr., Sr., II, III)
❑	5) Business Address: Applications that include a P.O. Box number without a street address cannot be processed. Out-of-state addresses require a letter of explanation. Facility Name and Department (if applicable): Street: City: State: ZIP:
❑	6) Mailing Address: ❑ Check here if same as above Street: City: State: ZIP:
❑	7) Business Telephone No.: ( ) area code
❑	8) Social Security No.: (Required by M.G.L. c. 30A, s. 13A)
❑	9) Drug Schedules requested: Select all that apply: ❑ II ❑ III ❑ IV ❑ V ❑ VI Schedule VI includes all prescription drugs not in Schedules II - V. Only Schedules that are checked can be authorized.
❑	10) E-mail Address:
❑	11) Have you ever been convicted of any violation of State or Federal law relating to the manufacture, possession, distribution or dispensing of controlled substances? ❑ Yes * ❑ No
❑	12) Has any previous professional license or registration held by you under any name or corporate name or legal entity been surrendered, revoked, suspended or denied or is such action pending? ❑ Yes * ❑ No
* If you answered "Yes" to Question No. 11) or No. 12), a letter must be attached setting forth circumstances of such action(s).	

I hereby certify that the information on this application is true to the best of my knowledge, and that I will comply with the laws of the Commonwealth of Massachusetts and all applicable rules and regulations promulgated by the Department of Public Health. I also

certify, in accordance with M.G.L. c. 62C, s. 49A, that I have to the best of my knowledge and belief filed all state tax returns and paid all state taxes required under law.
Signed under the pains and penalties of perjury.

Signature of applicant (no initials) _____ Date _____